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DEPARTMENT OF PUBLIC HEALTH

THE NEED FOR SOCIAL SUPPORT AND COMMUNITY MENTAL HEALTH SERVICES FOR THE RESIDENTS OF THE NORTHERN HEALTH AREA

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1. INTRODUCTION

The need for this survey arose out of the Northern Health Area's strategy of community development. Three groups with particularly pressing health and social needs have been identified as community support priorities:

1) The ethnic communities in the Hillcrest Area;

2) The elderly, particularly in the North Toronto Area;

3) Ex-psychiatric patients (Community Development Strategy, 1983-1987).

Mental health services have generally been made available to four broad groups of people: "The Diseased, the Disabled, the Distressed, and the Dissatisfied" (Cumming, 1979). That is, those suffering from acute and serious mental disease (such as schizophrenia and manic-depressive illness); that portion of the first group who go on to suffer from long-term psychological and social disabilities attendant on these illnesses (the disabled); those suffering acute distress as a result of certain common life events (such as loss, change, and physical illness); and those who are dissatisfied with their role in their family, marriage, work, etc. Mental health surveys find 0.5 to 1.0% of the population in the first two groups, 10 to 20% in the third, and even larger numbers in the fourth. Services for the ethnic communities, the elderly population, children and the mentally retarded fall into specialized services because of their special needs.

Primary care services like the Department of Public Health are faced with all four groups in the community, including the specialized groups, and need to ensure that there are social supports for all. The minimal characteristics of a community support system are: that it be a point of integration among the many agencies providing services such as public health, medical assistance, social services, income maintenance, transportation, employment, housing, vocational rehabilitation, job finding and recreation; that it be prepared to identify and seek out its seclusive and apathetic target population; and that it should offer the patient case management, i.e., there should be a single person or team responsible for remaining in touch with the patient and integrating the services of other agencies that might be involved (Cumming, 1979).

For simplicity and because the needs of the four groups overlap, the "dissatisfied and distressed" will be combined into one group; and the "disabled and diseased" will be combined into a second group. A future in-depth study could address the needs of children and the mentally retarded.

The terms of reference of this survey have therefore been to advise the Northern Health Area on the needs for social support services including community therapeutic and crisis intervention, and what would help meet the needs of the following groups:

1) The ethnic communities in the Hillcrest Area;

2) The elderly population and their families;

3) Dissatisfied and distressed individuals and their families; and

4) Disabled and diseased individuals and their families.

2. METHOD

Procedures included semi-structured interviews with 40 representatives from organizations involved in service delivery in the Northern Health Area of which 23 were representatives from organizations servicing the ethnic communities; Department of Public Health staff including the Northern Health Area Mental Health Nurses, Northern Health Area Public Health Nursing staff and Supervisors, and the Downtown Health Area Community Health Officer; 7 representatives from coordinating and resource bodies; and 20 consumers including representatives from 3 licensed boarding homes, a Home for Special Care operated by Whitby Psychiatric Hospital, the Rehabilitation Action Program operated by the Canadian Mental Health Association -- Metropolitan Toronto Branch, Palmerston House and Community Inn -- community clinics operated by Queen Street Mental Health Centre, and a Mental Health Nurses's client. The majority of consumers were disabled except for a small number in the distressed category. A seniors' needs assessment is presently being conducted in which consumers are being interviewed. A future study could address the needs of the ethnic communities as identified by consumers.

3. FINDINGS

Virtually all providers of service indicated major gaps in social support services and community therapeutic and crisis intervention for all groups. All providers saw the need for coordination of service delivery.

Interviews with consumers reflected a need for public education about availability and access to resources, a need for acceptance of individuals with mental health problems as "normal", and a need for increased self-esteem which consumers expressed by comments such as "I need contact, but I'm not good in groups" or "I need to live alone, but I need someone to tell me what to do" (more detailed description of client comments in Appendix A). The report includes descriptions of the target population, their needs and recommendations.

4. THE ETHNIC COMMUNITIES IN THE HILLCREST AREA

a) Target Population and their Needs

The Hillcrest Area has a large population whose mother tongue (i.e., the first language learned in childhood and still understood by an individual) is other than English. Figure 1 shows the census tracts for the City of Toronto with the highest proportion of this population (Status of Health in the Four Health Areas of the City of Toronto, 1983). These 1981 data do not identify the West Indian population who speak English as their first language. According to the 1981 Canada Census, of the 216,525 Northern Health Area residents, 67,886 reside in the Hillcrest Area (west of Bathurst). The number of people in the Hillcrest Area with Italian as their mother tongue is 21,530 (31.7%); Portuguese 12,855 (18.9%); and Spanish 2,040 (3%). Indeed 58.6% of Toronto's Italian population lives in the Northern Health Area as well as 25.9% of Toronto's Portuguese population. Figures 2 and 3 show the census tracts for the City of Toronto with the highest proportion of the population categorized as Italian and Portuguese respectively (Status of Health in the Four Health Areas of the City of Toronto, 1983). Service providers reported that since 1981 there has been an increasing population of Portuguese and Spanish-speaking people moving into the Hillcrest Area from the Downtown Health Area.

Within the Portuguese and Spanish-speaking population family distress and violence are prevalent. Although exact numbers were not available, representatives from Immigrant Women's Centre, Working Women's Centre, and St. Christopher's Women's Support Group operating in the Downtown Health Area reported increasing numbers of depressed, anxious, battered women approaching their services. Denial of language training and manpower training allowances to most immigrant women because of their sponsored status means that they have had to work

on the lowest paying jobs in poor working conditions. Alcohol abuse among men struggling to survive financially constitutes a very large problem. For the children tensions arise around performance in school, embarrassment by their mothers who can't speak English, and rigid family expectations and controls.

Within the Italian community a similar family scenario exists. Italians face the pressures related to culture conflict: different values and pressures facing parents and children, isolation of women, changing lifestyles in moving from rural to urban society, and language problems. While the first generation are, for the most part, becoming fluent in English, some are not. Among those who are not fluent in English, a high percentage encounter problems for which they require professional counselling. It is among these people where intergenerational problems and problems of isolated women are most apt to arise (Italian-Canadians in Metro, 1980). There is also a population of unemployed, depressed, anxious Italian men including those who have been partially disabled by work injuries.

Within the West Indian population there is again a picture of family dissatisfaction and distress -- intergenerational conflict, single parents trying to support families on low incomes, unemployed youth, and family separation related to the problems of sponsoring family members.

The immigration of the elderly family members usually occurs so that the extended family unit may be together. Problems extrinsic to the immigration itself arise due to the abrupt transplantation late in life. Unable to speak English and stressed by the environment, the elderly become very isolated. In some families where there are already financial difficulties the elderly become an added burden leading to interfamily disagreements over responsibility. These disagreements between family members only serve to lower the self-esteem and increase the isolation of the elderly person.

The disabled and diseased population is hidden because of the stigma of mental illness. Of particular significance are the findings of a study on mental illness by Jalali (1978) which showed that ethnic communities with close family ties recommend family care for the mentally ill and hesitate to involve and trust mental health professionals. Part of this is explained by the fact that many of the ethnic communities which retain their ethnicity are uninformed rather than misinformed.

Presently there are efforts to develop more social support and community mental health services for the ethnic communities. Women Working with Immigrant Women, an umbrella organization of community workers in Metropolitan Toronto has established a task force which is proposing a shelter in the City of York for immigrant women. The Portuguese Interagency Network is working with the Addiction Research Foundation to develop public education programs on alcohol and drug abuse for the Portuguese community. Two programs geared to the needs of Portuguese-speaking alcoholics are in operation -- Doctors Hospital's Portuguese-speaking A.A. group and Catholic Family Service's "New Life" group. The Portuguese Community Mental Health Project under the auspices of Toronto Western Hospital began in the latter part of 1982. This program offers diagnostic and therapeutic mental health services for individuals and their families. The Breakthrough Program, Canadian Mental Health Association, Metropolitan Toronto Branch, is considering the development of a social/recreational program for mentally distressed and disabled Italian men. COSTI-IIAS Centre for Youth Counselling Leading to Employment extends its services south of the City of York.

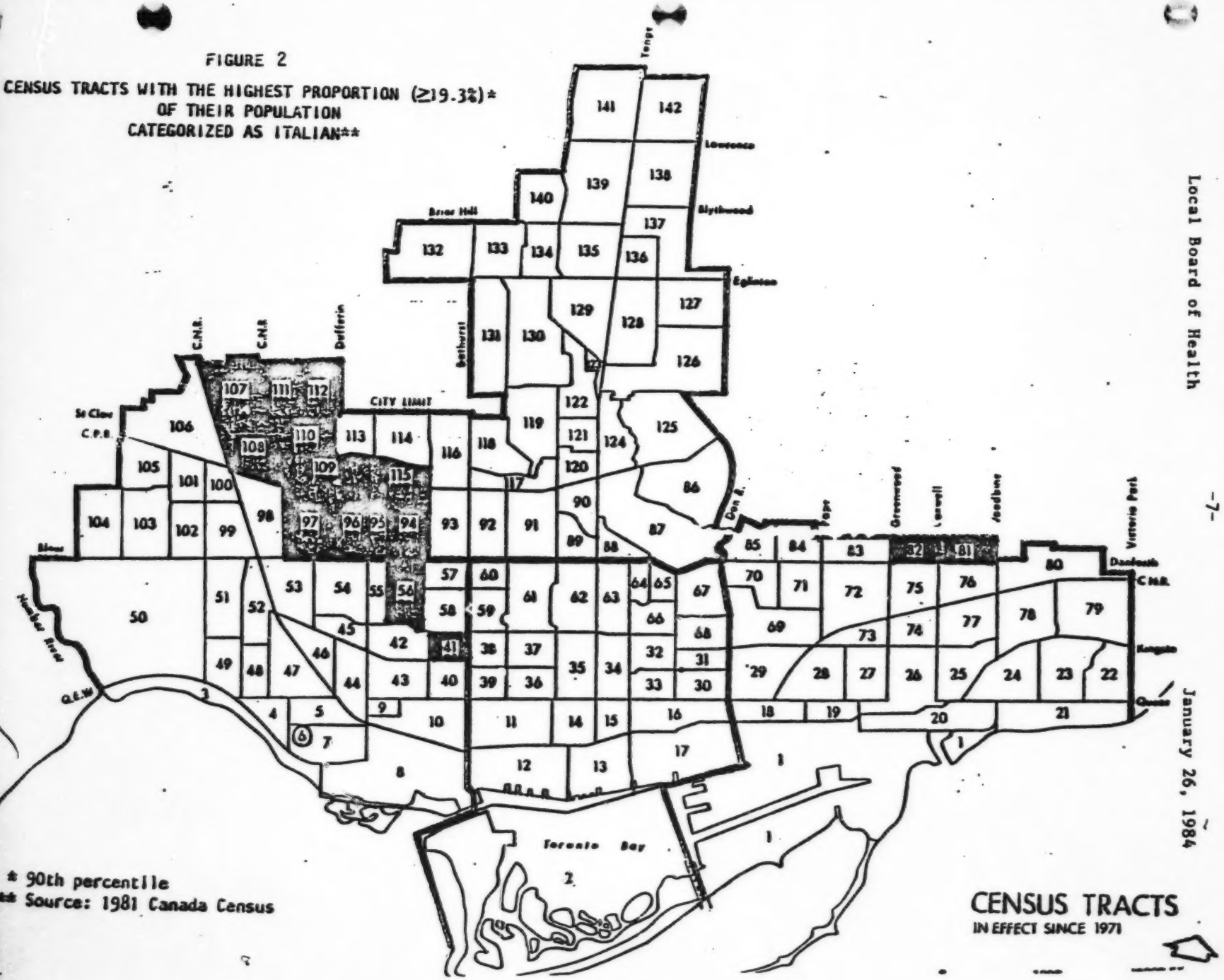
In spite of these efforts an emergency shelter for immigrant women is not a reality; family physicians are overworked with little time to sort out family problems; there is a scarcity of mental health professionals speaking the languages and/or understanding the cultures; there are no support groups for battered women, alcoholic men, or the elderly located north of Bloor Street; there are limited specialized services for children; as in non-ethnic communities, there is no system of 24-hour crisis intervention with medical back-up; and there are no in-area day care facilities for adults and the elderly population with staff who speak the languages and/or understand the cultures.

FIGURE 1

CENSUS TRACTS WITH THE HIGHEST PROPORTION OF THE POPULATION (≥67.1%) WITH MOTHER TONGUE OTHER THAN ENGLISH*

FIGURE 2

CENSUS TRACTS WITH THE HIGHEST PROPORTION (≥19.3%)* OF THEIR POPULATION CATEGORIZED AS ITALIAN**

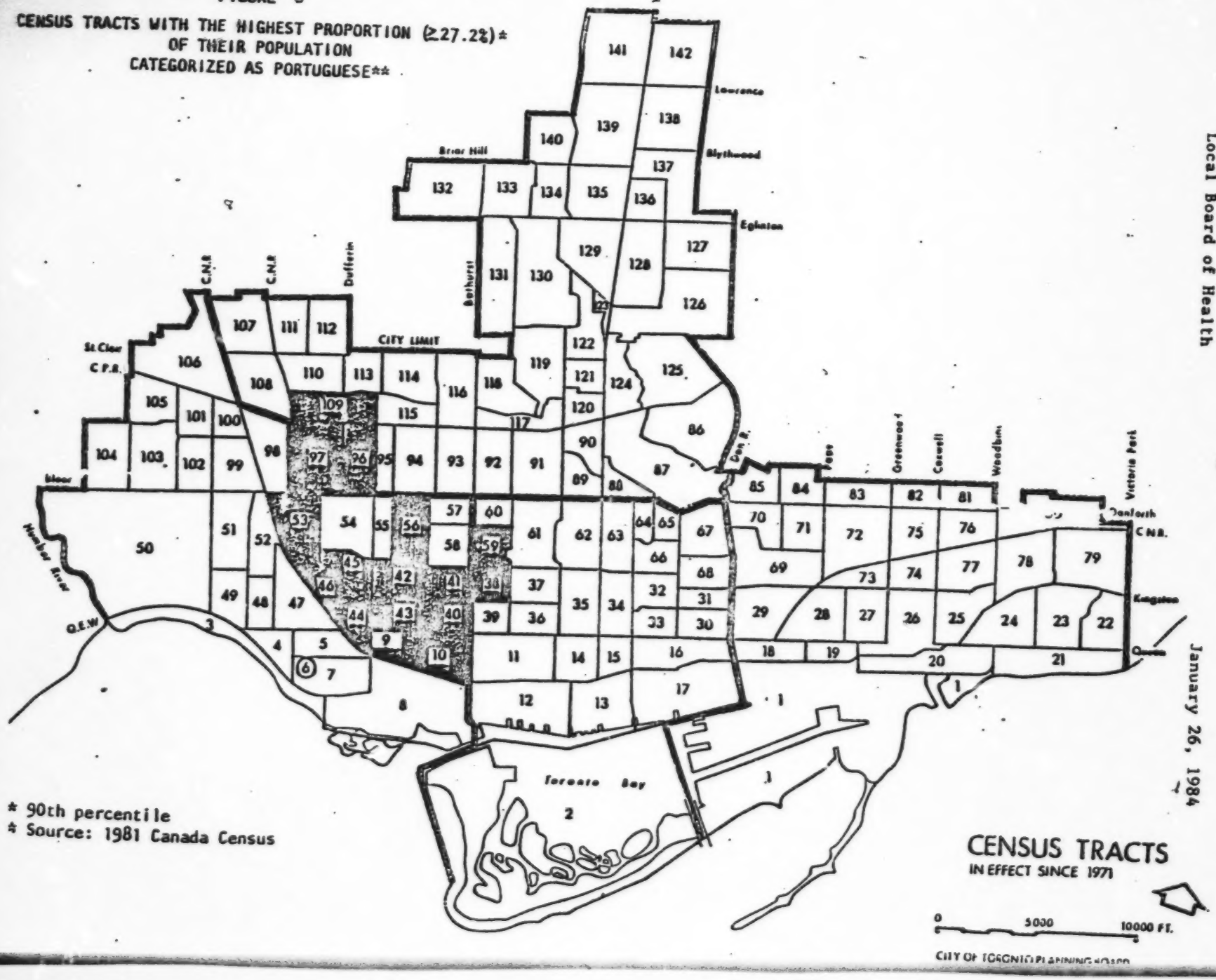


* 90th percentile

** Source: 1981 Canada Census

FIGURE 3

CENSUS TRACTS WITH THE HIGHEST PROPORTION (≥27.2%)* OF THEIR POPULATION CATEGORIZED AS PORTUGUESE**



* 90th percentile
* Source: 1981 Canada Census

b) Summary of Identified Needs for the Ethnic Communities

1. Outreach services within the Northern Health Area providing culturally appropriate and linguistically compatible:

   a) information and referral;

   b) advocacy for access to subsidized language and manpower training for women;

   c) support groups (e.g., for battered women, alcoholic men, the elderly);

   d) advocacy for the West Indian population experiencing problems in sponsoring family members;

   e) educational/vocational/job placement counselling especially for young adults;

   f) specialized services for children including more open access to day care;

   g) 24-hour crisis intervention with medical back-up; and

   h) day care facilities for adults and the elderly.

2. Housing for battered women, single-parent families (especially the newly separated), and families finding themselves without financial resources;

3. More family physicians, psychiatrists, individual and family counsellors, and nurses in hospitals and in the community who understand the languages and/or the cultures.

5. THE ELDERLY POPULATION AND THEIR FAMILIES

a) Target Population and Their Needs

According to the 1981 Canada Census the Northern Health Area has 10.1% of its population older than 70 years of age -- 25,367 residents of the North Toronto Area alone are over 65 years of age. Figure 4 shows the census tracts for the City of Toronto with the highest proportion of senior citizens over 65 years of age (Status of Health in the Four Health Areas of the City of Toronto, 1983).

In July 1981 The Health of Canadians, a report of the Canada Health Survey, identified large numbers of Canadians experiencing emotional distress, specifically the elderly, the widowed, low-income people and those people who are inactive for health or other reasons. Statistics Canada estimated that for 1977 50% of individuals aged 65 to 69 and 63% of individuals 70 years and over were living in poverty (The Unequal Society: A Challenge to Public Health, 1982).

Specialization of psychiatric services for the elderly is necessary for a number of reasons. As a group they have more need for mental health services (due to their high rate of both organic and psychological disorder) but tend to receive services of lower quality (medication rather than counselling, institutionalization rather than rehabilitation). This group is difficult to diagnose (due to the presence of both organic and psychological problems in many) and treat (due to their sensitivity to medication). Within the group presenting as requiring institutionalization there is a proportion whose condition is reversible with treatment, or amenable to rehabilitation. When this proportion is not detected or treated, they may go on to be institutionalized, and rehabilitation becomes less possible. In the absence of consultation these people are admitted to general hospitals and mental health units, where their stay may become extended due to difficulties in placement once the problem is under control.

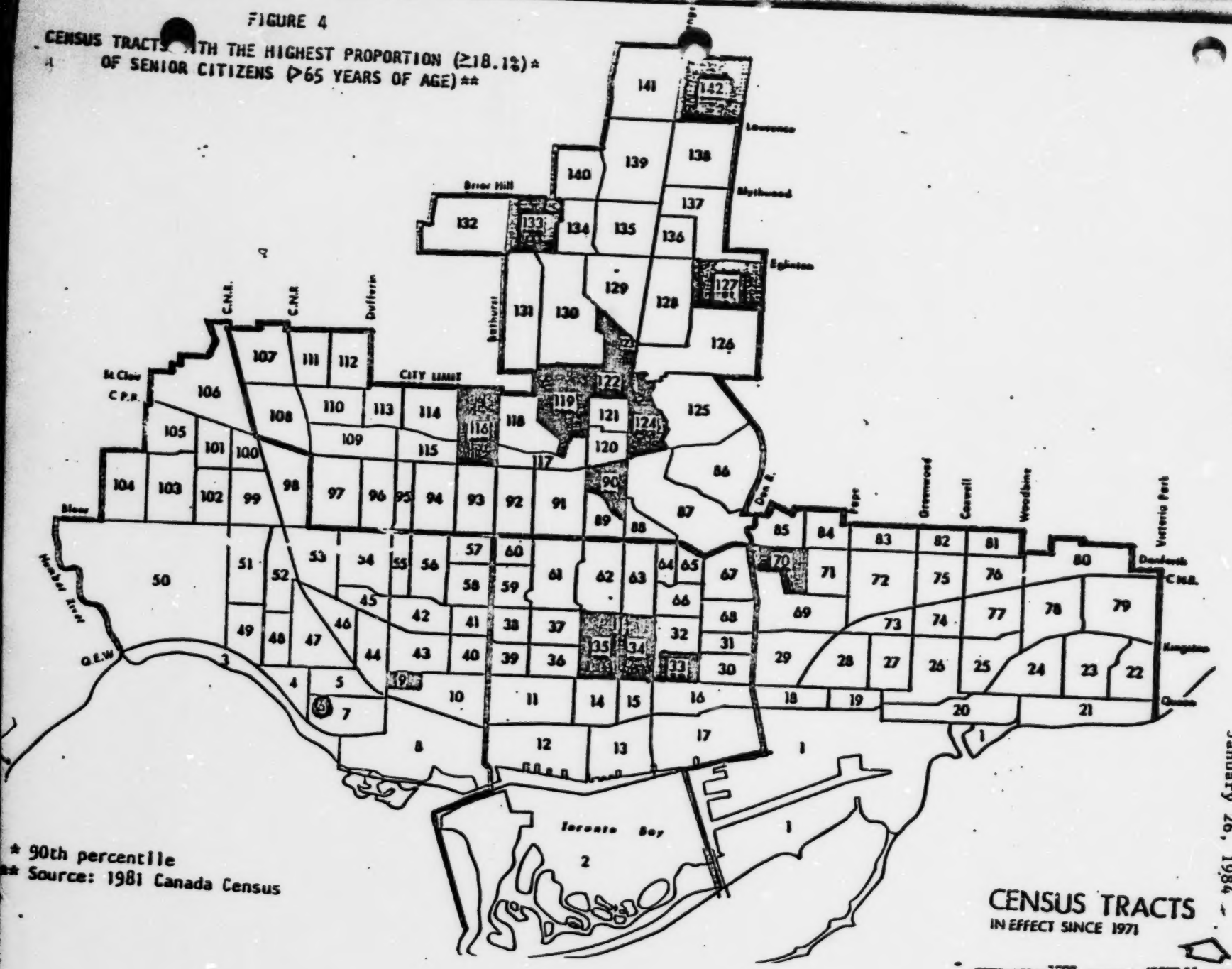
There are efforts to develop social support and community mental health services for the elderly population in the Northern Health Area. The Sunnybrook Community Psychiatric Services for the Elderly offers home assessment, consultation to agencies and families, ongoing follow-up counselling, and a family support group to the residents in the catchment area north to Highway 401, west to Bathurst, south to St. Clair, and east to the Don Valley (Queen Street Mental Health Psychogeriatric Service Outpatient Program provides home assessment to the remaining area); H.I.N.T.S. (Housing in North Toronto for Seniors) is advocating for better housing for seniors; S.P.R.I.N.T. (Senior People's Resources in North Toronto) offers a variety of services including respite, friendly visiting, transportation, minor repairs, help with housekeeping, and referral to residents in the catchment area north to the City limits, west to Bathurst, south to St. Clair, and east to Bayview; West Metro Senior Citizens Inc. provides a similar responsive service to residents in the catchment area north and west to the City limits, south to Bloor,

and east to Bathurst, and the Northern Health Area has been very active in the area of community development organizing home help services to expand boundaries to ensure service to all residents in the Northern Health Area.

There are still major gaps and/or problems. There is no 24-hour crisis intervention with medical backup; there are no in-area day care facilities except Castleview Wychwood Towers, a Municipal Home for the Aged in the Hillcrest Area; there are no nursing homes in the North Toronto Area; there are almost no residential care facilities in the Metropolitan Toronto Area which accept the elderly who suffer from organic disorders; there is no ensured emergency relief for families with a disabled member; there are not enough volunteers especially those who offer transportation services and those who are skilled in visiting the elderly who are more disabled; and there are no chronic home care services which would ensure social support and community mental health services to all in need.

FIGURE 4

CENSUS TRACTS WITH THE HIGHEST PROPORTION (≥18.1%)* OF SENIOR CITIZENS (>65 YEARS OF AGE)**



* 90th percentile
** Source: 1981 Canada Census

CENSUS TRACTS
IN EFFECT SINCE 1971

b) Summary of Identified Needs for the Elderly Population and Their Families

1. Outreach services within the Northern Health Area providing:

a) Home help services such as friendly visiting, transportation, emergency relief for spouses or family members with a disabled family member, and homemaking services,

b) Family support groups,

c) 24-hour crisis intervention with medical backup, and

d) Day care facilities.

2. Adequately supervised residential care.

3. Chronic home care services.

6. DISSATISFIED AND DISTRESSED INDIVIDUALS AND FAMILIES

a) Target Population and their Needs

The dissatisfied group includes all those who are dissatisfied with their role in their family, marriage, work, etc. The distressed group includes all those whose mental and emotional difficulties are causing them to experience distress. Distress may be defined as those subjective sensations (such as anxiety, pain, fatigue, sadness, malaise) which accompany stress. The stress may be of physical, psychological, or social origin. The individual's behavioural response to the stress and its subjective accompaniments may be adaptive or maladaptive. In this category may be included the anxiety and depression related to loss, phobias, insomnias, invalidism, suicidal intent, aggressivity, etc. (Cumming, 1979).

A large proportion of the Northern Health Area population would fall into this group including the ethnic communities (e.g., the depressed woman dissatisfied with her role in the family) and the elderly population (e.g., the isolated senior withdrawn from society and lacking in self-worth). Suicide in both sexes was in the top ten leading causes of death when ranked according to PYLL - potential years of life lost (Status of Health in the

Four Health Areas of the City of Toronto, 1983). Public Health Nurses in the North Toronto Area described a variety of individuals and families in crisis, i.e., depressed, suicidal, young teenagers; women wanting to re-enter the workforce but who may not have the financial resources to retrain or who must wait a year because of waiting lists for training programs; depressed women suffering from empty-nest syndrome; distressed single mothers with limited day care facilities; family members suffering the loss of a family member or a family break-up; battered women and children living in Emergency Shelters in the Annex Area; and individuals in contact with the correctional system or rehabilitating from addictions living in residential settings in the Annex Area.

Public health nurses and mental health nurses have daily contact with dissatisfied and distressed individuals and their families in their work in the community. They have been supporting individuals and their families through the transition period of loss; helping people reduce stress through relaxation techniques; and providing opportunities for examining non-functional patterns and learning more successful ones. Staff identify a need for continued educational programs in order to play this role effectively. Support groups for dissatisfied and distressed individuals and their families do exist such as A.A., Al-Anon and Alateen, Toronto Addicted Women's Self-Help Network, Bereaved Families of Ontario, Community Contacts for the Widowed, Freedom from Fear Foundation, Recovery Incorporated, Neurotics Anonymous, One Parent Family Association, Parents in Transition, Parents Without Partners, Times Change Women's Employment Service, and Y.W.C.A. programs such as Focus on Change and Take-A-Break. Community mental health services exist such as Youthdale Psychiatric Crisis Service, Huntley Youth Services, Children's Aid Societies, family service associations, and the emergency, day care, and out-patient facilities of general hospitals.

Although all these services exist, the public is not always aware of them; programs and services are overloaded because of the increasing target population; general hospitals report that they are not equipped to accept clients with acting-out behaviour; and committed health professionals wanting to be involved in primary prevention become burdened with responding to crisis situations. What is needed is a community support system in which there is coordination of programs and services and the identification of the seclusive and apathetic population.

b) Summary of Identified Needs for Dissatisfied & Distressed Individuals & Families

Coordination of programs and services to ensure the provision of:

a) Support groups;

b) Affordable educational/vocational/job placement programs;

c) Affordable social/recreational programs;

d) Affordable housing;

e) Affordable day care facilities for children;

f) Therapeutic intervention including 24 hour crisis intervention, access to treatment for aggressive individuals, and in-area adult day care facilities;

g) Programs to educate the public about the availability and use of resources.

7. DISABLED AND DISEASED INDIVIDUALS AND THEIR FAMILIES

a) Target Population and their Needs

Within the Northern Health Area the disabled and diseased population suffering from schizophrenia and manic depressive illness lives in licensed and unlicensed boarding homes especially in Wards 3 and 5, group homes including two Approved Homes and a Home for Special Care operated by Whitby Psychiatric Hospital; Palmerston House, a community clinic operated by Queen Street Mental Health Centre which houses five residents; and private residences. Some individuals are reclusive and resistant to help, and some live with family and are periodically in crisis. The level of disability varies greatly.

Efforts have been made in the past year for the disabled and diseased individuals and their families at the Metro level and more specifically in the Parkdale Area. Key representatives from organizations and agencies involved in planning, funding and/or delivering psychiatric services to Parkdale residents came together as the Parkdale Working Group. In dealing with special issues such as housing, subcommittees were formed to facilitate action. The Canadian Mental Health Association,

Metropolitan Toronto Branch, in cooperation with Employment and Immigration Canada are proposing transitional work programs for those who have relapses. Community Occupational Therapy Associates are offering consultation and support services to certain boarding homes. Efforts have not been focused on areas outside the Parkdale Area. Major gaps in social supports for clients and their families in the Northern Health Area are the lack of in-area social/recreational groups geared to different levels of functioning, in-area self-help groups, and one-to-one outreach to the seclusive and resistant population.

A 1982 report to the Local Board of Health (The Housing Gap: Deficiencies in Appropriate Housing for Ex-Psychiatric Patients, May 31, 1982), examined the difficulties being experienced by de-institutionalized adults. (Local Board of Health Report #10, 1982). In addition to the problem of inadequate supportive services for this group, the study found that low income was a serious problem. Over half of the patients discharged at two psychiatric facilities studied depended upon General Welfare Assistance, Family Benefits or disability allowances for their income. The report noted that since the maximum allowable benefit for single unemployed persons on General Welfare Assistance is $288.00 per month, and the maximum allowance for a single disabled person on family benefits is $364.00 per month, it is fair to say that half the psychiatric patients discharged during the survey had an income below the poverty line. Poverty does not allow access to social/recreational activities or adequate housing.

The Northern Health Area is serviced by Queen Street Mental Health Centre programs (i.e., the community clinics of Palmerston House and Community Inn); general hospitals which offer outpatient and day care facilities; private psychiatrists and family physicians. Although the community clinics offer home assessments, there is no 24-hour crisis intervention with medical backup. There are presently no in-area day care facilities except for Palmerston House (Community Inn is presently located just outside Northern Health Area boundaries).

The Northern Health Area has been focusing on establishing closer relationships with hospitals, yet patients get lost between the hospital and the community. A 1981 study, Psychiatric Aftercare in Metropolitan Toronto, conducted by Community Resources Consultants of Toronto and the Social and Community Psychiatry Section, the Clarke Institute of Psychiatry, followed a large

group of patients from four Toronto hospitals and noted that there was a considerable gap between identified needs of patients and referrals made upon discharge (the largest need/referral discrepancy was in the social/recreational component of aftercare). Problems associated with the referral process were that the patient was uncooperative or there was a waiting list. There were significant differences in compliance among methods of referral. The highest rate resulted when the patient continued to see the inpatient therapist. "Giving the patient information" resulted in the lowest compliance rate. Lack of resources was rarely given as a reason why aftercare resources were not used.

A report prepared by the Clarke Institute of Psychiatry Consulting Group, (Systems Co-Ordination for Psychiatric Services in Toronto, June 1983) looked at the coordination of Mental Health Services for Parkdale and how a coordination system might be integrated into a Metropolitan-wide system of coordination of service for ex-psychiatric patients. All providers of service and coordinating bodies interviewed indicated that the absence of effective mechanisms for communication and coordination have produced serious problems for both the providers and recipients of aftercare services. The report recommends that the Department of Public Health of the City of Toronto and the Mental Health Branch of the Ministry of Health cosponsor a pilot project in which a local interagency committee should be formed which has as its task the coordination of direct service, administration and planning functions related to the delivery of services to the mentally ill. This pilot project would start in the Western Health Area. Although the project has suggested a mechanism of coordination, there is no guarantee that it will become a reality.

b) Summary of Identified Needs for the Disabled and Diseased Individuals and their Families

1. Coordination of social support and community mental health services including a system of case management and qualitative discharge planning;

2. Financial assistance;

3. Affordable housing;

4. In-area social/recreational programs for clients with different levels of functioning;

5. Social/recreational programs in residential facilities;

6. One-to-one outreach to the seclusive and resistant population;

7. Transitional work programs for those who periodically relapse;

8. 24-hour crisis intervention with medical back-up;

9. More centrally-located day care facilities.

8. CONCLUSION

An attempt has been made to identify the target population and its needs in order to make recommendations for the development of social support and community mental health services. The challenge now faced is finding the necessary resources to ensure services to the target population described in this survey. Unavoidable, inadequate and unstable public funding provisions reflect the lack of recognition of the threat to the survival of neighbourhood support programs (Neighbourhoods Under Stress, 1983).

The concepts of Public Health in the 1980's in which public health is defined as "collective action to protect and enhance the physical and mental health of a community through preventive rather than curative action" is on the road to becoming a reality. Unless the City of Toronto Department of Public Health or an alternate body takes on the responsibility of coordination of social support and community mental health services, the quality of life of all those experiencing mental health problems will not improve.

9. RECOMMENDATIONS

That the Northern Health Area:

1. Encourage the development of a network of providers and consumers of social support and community mental health services within the Northern Health Area;

2. Work with the ethnic communities and providers (e.g., Immigrant Women's Centre, St. Peter's Immigrant Centre, Doctors Hospital, Toronto Western Hospital, Portuguese Interagency Network, C.O.S.T.I.-I.I.A.S., Catholic Family Service Association) to develop social support and community mental health services north of Bloor Street;

3. Encourage the development of in-area self-help groups for the mentally disabled population;

4. Ensure that mental health services are available in the language spoken by the residents of the Northern Health Area (e.g., Italian, Portuguese);

5. Advocate for the establishment of a multicultural information centre;

6. Advocate for adequately supervised in-area residential care for the elderly;

7. Advocate for in-area housing for battered women and single parent families;

8. Advocate for chronic home care services for the elderly and mentally disabled population;

9. Advocate for 24-hour crisis intervention with medical backup and more centrally located day care facilities for adults and the elderly population;

10. Advocate for affordable day care facilities for infants and children;

11. Participate in planning of social support and community mental health services (e.g., vocational/educational/job placement programs) at the Metro level with such groups as Canadian Mental Health Association - Metropolitan Toronto Branch, Community Resources Consultants of Toronto, Employment and Immigration Canada;

12. Consult Community Resources Consultants of Toronto to discuss the possibility of the development of an in-area social/recreational program;

13. Support outreach to the seclusive and resistant population;

14. Continue to support staff development in the area of preventive programming, identification and management of mental health problems, availability and use of resources;

15. Continue to participate in activities that educate the public about mental illness and availability and use of resources.

APPENDIX A

CONSUMER COMMENTS:

1. Residents of a Home for Special Care:

   (all females, ages approximately 30 to 70 years)

   "I'm too old to go out to any exercise classes".

   "I want classes in pottery, cooking, and serving".

   "I want a friend to take me out".

   "I don't want the world to stare at me when I take a fit".

   "I want to live on my own".

   "I don't like the counsellor at the workshop. He doesn't listen to me".

2. Residents from Licensed Boarding Homes:

   (both males and females, ages approximately 30 to 70 years)

   "I don't need a social/recreational program. I have a girlfriend".

   "I don't want to work. I would go to a drop-in centre".

   "I don't like all the rules here".

   "No one told me about community resources".

   "I don't need anything".

   "All I want is a fracture board for my back".

3. Client from Rehabilitation Action Program, Canadian Mental Health Association, Metropolitan Toronto Branch

   (62 year old male)

   "I need to be accepted as a normal person".

"I appreciate telephone contact".

"I respond better to people with quiet voices".

"My family doesn't understand my illness".

4. Client from Community Inn Day Care Program, Queen Street Mental Health Centre

(36 year old female)

"I want an exercise program".

"I need more activities".

"No work program helped me when I was sick. I was too sick".

"My psychiatrist came to my defense when I was caught shoplifting".

5. Palmerston House, Queen Street Mental Health Centre:

(22 year old male)

"I'm not outgoing. I like body-building. I would like a mix". (i.e., of recreational programs designed for psychiatric patients and those for the general public).

"I would like an advisor, someone to tell me what to do".

6. Mental Health Nurse's Client:

"I need money to help me pay the rent for a large apartment for myself and my kids".

"There's a stigma attached to being a single parent".

"I didn't know about the community resources until my nurse visited".

"I'm not a group person".

APPENDIX B

INTERVIEWS WERE HELD WITH REPRESENTATIVES FROM:

Bloor/Spadina Club

Community Resources of Toronto

Canada Employment Centre

Canadian Mental Health Association, Breakthrough and Community Outreach Programs

Catholic Family Services Association

City of Toronto Department of Public Health

City of Toronto Planning and Development Department.

Columbus Centre, Social Services Department

Community Occupationa' Therapy Association

Community Resources Consultants of Toronto

Consumers

C.O.S.T.I.-I.I.A.S.: Family Counselling Centre, Centre for Youth Counselling Leading to Employment, North York Centre, Rehabilitation Centre.

Distress Centre

District Health Council, Metropolitan Toronto

Doctors Hospital (Social Services Department)

Gathering Spot Inc.

George Herman House

Honourable John Robert's Office

Hong Fook

Immigrant Women's Centre

Jewish Family and Child Services of Metropolitan Toronto

Metropolitan Toronto Police, Community Relations Officers and Ethnic Relations Unit

Ministry of Health, Planning Division

Native Canadian Centre

Pelham Park Gardens, Community Relations Worker

Portuguese Interagency Network

Queen Street Mental Health Centre; Community Inn; Palmerston House, Unit IV Social Services

St. Christopher's House, Women's Support Group

St. Michael's and All Angels Church

St. Peter's Immigrant Centre

S.P.R.I.N.T.

Sunnybrook Medical Centre, Community Psychiatric Services for the Elderly

Supportive Housing Coalition

Times Change Women's Employment Service

West Metro Senior Citizens Inc.

Women Working with Immigrant Women

Working Women's Community Centre

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